



Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Robert L. Ehrlich, Jr., Governor – Michael S. Steele, Lt. Governor – Nelson J. Sabatini, Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
Oxygen Transmittal No. 25

October 3, 2003

TO: Oxygen and Related Respiratory Equipment Providers

FROM: Susan J. Tucker, Executive Director
Susan J. Tucker
Office of Health Services

NOTE: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.

SUBJECT: Adoption of Amendments to Oxygen and Related Respiratory Equipment Services

Amendments to Regulations .04, .06 and .07 under COMAR 10.09.18 was adopted as proposed. The text of the proposed amendments was published in the Maryland Register on August 8, 2003, Volume 30, Issue 16. The amendments to the Regulations have been adopted as proposed and became effective October 1, 2003.

These amendments changed our current fee schedule from state local procedure codes to national HCPCS codes to comply with the Health Insurance Privacy and Accountability Act (HIPAA) requirements. It also allows providers to bill direct for certain low cost items on the fee schedule without obtaining preauthorization.

A copy of the new Oxygen and Related Respiratory Equipment Fee Schedule is attached for your convenience.

Questions concerning this transmittal should be directed to the Staff Specialist for Oxygen and Related Respiratory Equipment at (410) 767-1739.

Attachment



**MARYLAND MEDICAL ASSISTANCE PROGRAM
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OXYGEN AND RELATED RESPIRATORY EQUIPMENT
SERVICES**

PROVIDER FEE SCHEDULE

REVISION 2003

EFFECTIVE OCTOBER 1, 2003

COMAR 10.09.18

MARYLAND MEDICAL ASSISTANCE PROGRAM
OXYGEN AND RELATED RESPIRATORY EQUIPMENT SERVICES

PROCEDURE CODES AND MAXIMUM ALLOWABLE COST FOR PURCHASED
OR RENTAL OF OXYGEN, CONCENTRATORS AND RELATED RESPIRATORY EQUIPMENT

OXYGEN AND RELATED RESPIRATORY EQUIPMENT

| <u>Item</u> | <u>Procedure Code</u> | <u>Maximum Purchase Charge</u> | <u>Maximum Rental Charge</u> |
|--|---------------------------|--|--------------------------------------|
| <u>IPPB AND RELATED EQUIPMENT</u> | | | |
| IPPB Machine all types, with built in nebulization; manual or automatic valves; internal or external power source | E0500 | \$600.00 | \$ 46.15 |
| <u>ACCESSORIES</u> | | | |
| Variable Concentration Mask | A 4620 | 4.26 | |
| <u>OXYGEN CONCENTRATORS</u> | | | |
| Oxygen concentrator, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate | E1390 | | 220.00 |
| <u>OXYGEN SYSTEMS</u> | | | |
| Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flow meter, humidifier, nebulizer, cannula or mask, and tubing | E0424 | | 50.00 |

| <u>Item</u> | <u>Purchased Code</u> | <u>Maximum Purchase Charge</u> | <u>Maximum Rental Charge</u> |
|--|-----------------------|--------------------------------|------------------------------|
| Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask and tubing | E0431 | \$ | \$ 45.00 |
| Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing | E0434 | | |
| Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing | E0439 | | |

OXYGEN CONTENTS

| | | | |
|--|-------|--------|--|
| Oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned) | E0441 | 35.00 | |
| Oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned) | E0442 | 151.21 | |
| Portable oxygen contents, gaseous (for use only with portable systems when no stationary gas or liquid system is used) | E0443 | 17.00 | |
| Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used) | E0444 | 19.86 | |

| <u>Item</u> | <u>Procedure Code</u> | <u>Maximum Purchased Charge</u> | <u>Maximum Rental Charge</u> |
|---|-----------------------|---------------------------------|------------------------------|
| <u>TRACHEOSTOMY EQUIPMENT</u> | | | |
| Tracheostomy mask or collar | A4621 | \$ 5.00 | \$ |
| Tracheostomy or laryngectomy tube | A4622 | 66.40 | |
| Tracheostomy, inner cannula (re- placement only) | A4623 | 5.78 | |
| Tracheal suction catheter, any type, each | A4624 | 3.80 | |
| Tracheostomy care kit for new tracheostomy | A4625 | 6.50 | |
| Tracheostomy care kit for established tracheostomy | A4629 | 4.50 | |
| <u>CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) SYSTEM AND ACCESSORIES</u> | | | |
| Continuous airway pressure (CPAP) device | E0601 | 940.00 | 72.31 |
| Full face mask used with positive airway pressure device, each | A7030 | 188.64 | |
| Face mask interface, replacement for full face mask, each | A7031 | 69.77 | |
| Replacement cushion for nasal application device, each | A7032 | 42.53 | |
| Replacement pillows for nasal application device, pair | A7033 | 28.41 | |
| Nasal interface (mask or cannula type) device, with or without head strap | A7034 | 89.00 | |
| Headgear used with positive airway pressure device | A7035 | 44.00 | |

| <u>Item</u> | <u>Procedure Code</u> | <u>Maximum Purchased Charge</u> | <u>Maximum Rental Charge</u> |
|---|-----------------------|---------------------------------|------------------------------|
| Chinstrap used with positive airway pressure device | A7036 | \$ 20.00 | |
| Tubing used with positive airway pressure Device | A7037 | 45.00 | |
| Filter, disposable, used with positive airway pressure device | A7038 | | |
| Filter, non-disposable, used with positive airway pressure device | A7039 | | |

HUMIDITY SYSTEM

| | | | |
|---|-------|--------|-------|
| Compressor, air power source for equipment which is not self-contained or cylinder driven | E0565 | 397.00 | 30.54 |
|---|-------|--------|-------|

TEMPORARY OXYGEN CODES

| | | | |
|--|-------|------|--|
| Oxygen contents, gaseous, unit equals 1 cubic foot | S8120 | I/C | |
| Oxygen contents, liquid, 1 unit equals 1 pound | S8121 | 2.60 | |

Note: Other oxygen and related respiratory codes are on the DMS/DME Approved List of Items